

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Applicant hereby appeals to the Board from the decision of the Primary Examiner mailed August 6, 2007 finally rejecting claims 1-59. The item(s) checked below are appropriate:

☐ other than a small entity  
☒ small entity. Verified statement ☐ attached ☐ already filed on

<b>Notice of Appeal fee due</b>	<b>\$255.00</b>
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### 3. EXTENSION OF TERM

NOTE: The time periods set forth in 37 CFR 1.191 are subject to the provision of #1.136 for patent applications 37 CFR 1.191(d). But see 37 CFR 1.645 for extension of time in interference proceedings and 37 CFR 1.550(c) for extension of time in reexamination proceedings).

(complete (a) or (b) as applicable)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.17 (a)-(d) for the total number of months checked below:

Extension Fee:

	<u>Months</u>	<u>Small Entity</u>	<u>Other Than Small Entity</u>
<input type="checkbox"/>	one month	\$ 60.00	\$ 120.00
<input type="checkbox"/>	two months	\$225.00	\$ 450.00
<input type="checkbox"/>	three months	\$510.00	\$ 1020.00
<input type="checkbox"/>	four months	\$795.00	\$1,590.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

or

- (b) ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

### 4. TOTAL FEE DUE

The total fee due is : \$255.00

Notice of Appeal fee \$255.00

Extension fee (if any)

**TOTAL FEE DUE \$ 255.00**

**5. FEE PAYMENT**

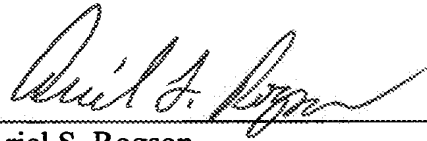
☐

Attached is a check in the sum of \$\_\_\_\_\_.

☒

Any deficiency or overpayment for extensions of time or claims should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Respectfully submitted,  
MARGER JOHNSON & McCOLLOM, P.C.



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